

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005236

FILED
Feb 15, 2012
Secretary of State

Entity Name: CAMPUS OF CARE CCRC, INC.

Current Principal Place of Business:

710 GOODLETTE FRANK ROAD NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

710 GOODLETTE FRANK ROAD NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-2448221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY, JAMES D
6267 ADKINS AVENUE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MALLORY, JAMES DAVID
Address: 6267 ADKINS AVENUE
City-St-Zip: NAPLES, FL 34112

Title: V
Name: MALLORY, REBECCA
Address: 6267 ADKINS AVENUE
City-St-Zip: NAPLES, FL 34112

Title: S
Name: ALDRIDGE, JERRY
Address: 710 GOODLETTE FRANK ROAD NORTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D MALLORY

PD

02/15/2012

Electronic Signature of Signing Officer or Director

Date